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Bib Data Sheet

CONFIRMATION NO. 5330

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| SERIAL NUMBER 10/042,016 | FILING DATE 01/10/2002 RULE | CLASS 436 | GROUP ART UNIT 1641 | ATTORNEY DOCKET NO. H-1296(4) |
| APPLICANTS David L. Rimm, Branford, CT; Paul Fiedler, New Haven, CT; Robert A. Levine, Guilford, CT; Stephen C. Wardlaw, Lyme, CT; | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/800,344 03/05/2001 PAT 6,670,197 WHICH IS A CIP OF 08/976,886 11/24/1997 PAT 6,197,523 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/12/2002 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>C. Chin</u> Initials <u>u</u> | | STATE OR COUNTRY CT | SHEETS DRAWING 2 | TOTAL CLAIMS 16 |
| | | | | INDEPENDENT CLAIMS 5 |
| ADDRESS William W. Jones 6 Juniper Lane Madison, CT 06443 | | | | |
| TITLE Method for the detection, identification, enumeration and confirmation of virally infected cells and other epitopically defined cells in whole blood | | | | |
| FILING FEE RECEIVED 454 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |